


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90032 015 \*\*\*150.00

<b>DOCUMENT # P03000033624</b>	
<b>1. Entity Name</b> POCO Y POCO, INC.	

<b>Principal Place of Business</b> 5399 E COUNTY HWY 30-1, #192 SANTA ROSA BEACH FL 32455	<b>Mailing Address</b> 5399 E COUNTY HWY 30-1, #192 SANTA ROSA BEACH FL 32455
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<b>2. Principal Place of Business</b> 342 EMERALD RIDGE Suite, Apt. #, etc.	<b>3. Mailing Address</b> 342 EMERALD RIDGE Suite, Apt. #, etc.
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<b>City &amp; State</b> SANTA ROSA BEACH, FL	<b>City &amp; State</b> SANTA ROSA BEACH, FL
<b>Zip</b> 32459	<b>Country</b> USA
<b>Zip</b> 32459	<b>Country</b> USA



1st MOORE CR2E034 (10/04)

<b>6. Name and Address of Current Registered Agent</b> ANCHORS, MICHELLE 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH FL 32547	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D <b>NAME</b> BRIDGE, LANA <b>STREET ADDRESS</b> 5399 E COUNTY HWY 30-1, #192 <b>CITY-ST-ZIP</b> SANTA ROSA BEACH FL 32455	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> NORMAN L. RICCI <b>STREET ADDRESS</b> 342 EMERALD RIDGE <b>CITY-ST-ZIP</b> SANTA ROSA BEACH, FL, 32459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** NORMAN L. RICCI 2-17-05 850-622-0292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #